

<i>SERFF Tracking Number:</i>	<i>AGNY-125440526</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-IM-01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0004 Pet Insurance Plans</i>
<i>Product Name:</i>	<i>PurinaCare Pet Health Insurance Services, Inc</i>		
<i>Project Name/Number:</i>	<i>PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01</i>		

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: PurinaCare Pet Health Insurance Services, Inc SERFF Tr Num: AGNY-125440526 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0004 Pet Insurance Plans

Co Tr Num: AIC-08-IM-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Lakesha Houser

Disposition Date: 03/14/2008

Date Submitted: 02/05/2008

Disposition Status: Approved

Effective Date Requested (New): 03/05/2008

Effective Date (New):

Effective Date Requested (Renewal): 03/05/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: PurinaCare Pet Health Insurance Services, Inc

Status of Filing in Domicile:

Project Number: AIC-08-IM-01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/14/2008

State Status Changed: 02/06/2008

Deemer Date:

Corresponding Filing Tracking Number: AGNY-125440527

Filing Description:

New Hampshire Insurance Company submits for your review and approval the PurinaCare Pet Health Insurance Program which introduces pet health insurance. The PurinaCare Pet Health Insurance Benefits policy provides medical and accident coverage. The PurinaCare Pet Health Insurance Plus Preventative Care Benefits policy provides "wellcare" benefits which is coverage for routine annual exams, vaccinations etc., as defined in the policy document, in addition to medical and accident coverage. Please refer to the attached Forms Listing for a description of the forms.

SERFF Tracking Number: AGNY-125440526 State: Arkansas
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 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: PurinaCare Pet Health Insurance Services, Inc
 Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

We are also including the application questions under the Supporting Documentation section of this filing for informational purposes as there is no hard copy application. These application questions are representative of the questions asked of the applicant via phone or the internet.

Company and Contact

Filing Contact Information

Christine Wynter, Filings Analyst Christine.wynter@aig.com
 175 Water Street, 17th Floor (212) 458-7066 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$50.00	02/05/2008	17824973

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	03/14/2008	03/14/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	02/13/2008	02/13/2008	Lakesha Houser	03/13/2008	03/13/2008
Pending Industry Response	Becky Harrington	02/06/2008	02/06/2008	Lakesha Houser	02/11/2008	02/11/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
PurinaCare Pet Health Insurance Plus Preventative Care Benefits Declarations Page	Form	Lakesha Houser	02/12/2008	02/12/2008
PurinaCare Pet Health Insurance Declarations Page	Form	Lakesha Houser	02/12/2008	02/12/2008

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PurinaCare Form	Lakesha Houser	02/12/2008	02/12/2008
Pet Health Insurance Plus Preventative Care Benefits Policy			
PurinaCare Form	Lakesha Houser	02/12/2008	02/12/2008
Pet Health Insurance Benefits Policy			

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	Form	Lakesha Houser	02/12/2008	02/12/2008
.	Form	Lakesha Houser	02/12/2008	02/12/2008
.	Form	Lakesha Houser	02/12/2008	02/12/2008
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..	Form	Lakesha Houser	02/12/2008	02/12/2008
.	Form	Lakesha Houser	02/12/2008	02/12/2008
.	Form	Lakesha Houser	02/12/2008	02/12/2008

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[illegible]

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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RESPONSE DATE	Note To Reviewer	Lakesha Houser	02/13/2008	02/13/2008

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Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FORMS LISTING AND MIS FORMS INFO	Approved	Yes
Form (revised)	DECLARATIONS	Withdrawn	No
Form	DECLARATIONS	Withdrawn	No
Form (revised)	GENERAL TERMS AND CONDITIONS	Withdrawn	No
Form	GENERAL TERMS AND CONDITIONS	Withdrawn	No
Form (revised)	D&O COVERAGE SECTION	Withdrawn	No
Form	D&O COVERAGE SECTION	Withdrawn	No
Form (revised)	EPL COVERAGE SECTION	Withdrawn	No
Form	EPL COVERAGE SECTION	Withdrawn	No
Form (revised)	FLI COVERAGE SECTION	Withdrawn	No
Form	FLI COVERAGE SECTION	Withdrawn	No
Form (revised)	CIP COVERAGE SECTION	Withdrawn	No
Form	CIP COVERAGE SECTION	Withdrawn	No
Form (revised)	KRE COVERAGE SECTION	Withdrawn	No
Form	KRE COVERAGE SECTION	Withdrawn	No
Form (revised)	CRIME COVERAGE SECTION	Withdrawn	No
Form	CRIME COVERAGE SECTION	Withdrawn	No
Form (revised)	ADDITIONAL INSURED ENDORSEMENT CO-DEFENDANT COVERAGE	Withdrawn	No
Form	ADDITIONAL INSURED ENDORSEMENT CO-DEFENDANT COVERAGE	Withdrawn	No
Form (revised)	RUN OFF ENDORSEMENT	Withdrawn	No
Form	RUN OFF ENDORSEMENT	Withdrawn	No
Form (revised)	CAPTIVE INSURANCE COMPANY EXCLUSION WITH SPECIFIC CAPTIVE CARVE OUT AND SPECIFIC E&O EXCLUSION	Withdrawn	No
Form	CAPTIVE INSURANCE COMPANY	Withdrawn	No

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EXCLUSION WITH SPECIFIC CAPTIVE
CARVE OUT AND SPECIFIC E&O
EXCLUSION

Form (revised)	DISPUTE RESOLUTION PROCESS AMENDED ENDORSEMENT	Withdrawn	No
Form	DISPUTE RESOLUTION PROCESS AMENDED ENDORSEMENT	Withdrawn	No
Form (revised)	BANKRUPTCY INSOLVENCY AND CREDITORS EXCLUSION	Withdrawn	No
Form	BANKRUPTCY INSOLVENCY AND CREDITORS EXCLUSION	Withdrawn	No
Form (revised)	PRIOR ACTS EXCLUSION	Withdrawn	No
Form	PRIOR ACTS EXCLUSION	Withdrawn	No
Form (revised)	SEXUAL MISCONDUCT AND CHILD ABUSE EXCLUSION	Withdrawn	No
Form	SEXUAL MISCONDUCT AND CHILD ABUSE EXCLUSION	Withdrawn	No
Form (revised)	SPECIFIC CLAIMS/ LITIGATION EXCLUSION	Withdrawn	No
Form	SPECIFIC CLAIMS/ LITIGATION EXCLUSION	Withdrawn	No
Form (revised)	STRIKES SLOWDOWNS WORKSTOPPAGES AND LOCKOUTS EXCLUSION	Withdrawn	No
Form	STRIKES SLOWDOWNS WORKSTOPPAGES AND LOCKOUTS EXCLUSION	Withdrawn	No
Form (revised)	FOR PROFIT SUBSIDIARY COVERAGE DELETED	Withdrawn	No
Form	FOR PROFIT SUBSIDIARY COVERAGE DELETED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	TOTAL TERRORISM EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	IRS TAX EXEMPT CERTIFICAION EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No

SERFF Tracking Number: AGNY-125440526 State: Arkansas
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Product Name: PurinaCare Pet Health Insurance Services, Inc
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Form	BIG APPLE ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ADR CLUASE DELETED ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	POLICY CANCELLATION ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	POLICY REINSTATEMENT ENDORSEMENT (AFTER CANCELLATION FOR NONPAYMENT OF PREMIUM)	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	RETENTION WAIVER ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ITEM 2 OF THE DECLARATIONS AMENDED ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CAPTIVE INSURANCE COMPANY EXCLUSION WITH SPECIFIC CAPTIVE CARVE OUT AND SPECIFIC E&O EXCLUSION (NY ONLY)	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CAPTIVE INSURANCE COMPANY EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	COMMISSIONS EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ITEM 1 OF THE DECLARATIONS AMENDED ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ANTITRUST CLAIMS SEPERATE RETENTION AND SUBLIMIT OF LIABILITY	Withdrawn	No
Form (revised)	.	Withdrawn	No

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Form	ANTITRUST CLAIMS SUBLIMIT OF LIABILITY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PENDING AND PRIOR LITIGATION AND KNOWN WRONGFUL ACTS EXCLUSION FOR EXCESS LIMITS (WITH LIMITS AMENDED)	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPECIFIC INDIVIDUAL EXCLUSION CLAIMS BROUGHT BY OR AGAINST	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPECIFIC CLAIMS EXCLUSION (ART)	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPECIFIC ENTITY EXCLUSION CLAIMS BROUGHT BY OR AGAINST	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SUBSIDIARY ADDITION TO THE DEFINITION OF SUBSIDIARY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DEFAMATION SUBLIMIT OF LIABILITY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FEDERAL IMMIGRATION AND NATIONALITY ACT CLAIMS COVERAGE WITH SUBLIMIT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PAC ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ACCREDITATION AND PEER REVIEW CLAIMS SUBLIMIT OF LIABILITY- SEPERATE RETENTION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ACCREDITITION AND PEER REIEW CLAIMS SPERATE RETENTION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CONTINUITY DATE EXCESS LIMITS	Withdrawn	No

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Form (revised)	.	Withdrawn	No
Form	ENDORSEMENT DELETED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	NAMED ORGANIZATION AMENDED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ANTITRUST CLAIMS SEPARATE RETENTION AND SUBLIMIT OF LIABILITY AND COINSURANCE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PENDING ADN PRIOR LITIGATION AND KNOWN WRONGFUL ACTS EXCLUSION FOR EXCESS LIMITS	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PUNITIVIE DAMAGES SUBLIMIT OF LIABILITY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SEXUAL MISCONDUCT COVERAGE WITH SUBLIMIT AND SEPEATE RETENTION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ALTERNATE APPLICATION RELIANCE ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SOCIAL SERVICES ORGANIZATION AMENDATORY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DONOR DISPUTE ARBITRATION COVERAGE WITH SUBLIMIT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	INVIDIVIDUAL LABOR LEADER COVERAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	BRAODCASTING LIABILITY EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No

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Form	GOVERNMENTAL FUNDING EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPONSORED SERVICES EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	TRADING ACTIVITIES EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DEFAMATION EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ANTITRUST EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	BONDHOLDER EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DEVELOPMENT EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FALURE TO MAINTAIN INSURANCE EXCLUSION WITH CARVEOUT FOR NONINDEMNIFIABLE LOSS	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FAILURE TO MAINTAIN INSURANCE EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FIRST AMENDMENT COVERAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ACCREDITATION EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	LIBRARY ACCESS COVERAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PROFESSIONAL ERRORS AND OMMISSION EXCLUSION DERIVATIVE CLAIMS CARVEOUT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PROFESSIONAL ERRORS AND	Withdrawn	No

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OMMISSIONS EXCLUSION

Form (revised)	.	Withdrawn	No
Form	REGULATORY EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DELETE IRS FINES AND REGULATORY LEGISLATION FINES AND PENALTIES COVER ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	NOT FOR PROFIT COUNTRY CLUB AMENDATORY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	NON EMPLOYMENT DISCRIMINATION CLAIMS SUBLIMIT	Withdrawn	No
Form (revised)	..	Withdrawn	No
Form	SEPERATE RETENTION FOR EPLI AND CLASS ACTION CLAIMS ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CLAIM DEFINITION AMENDED EXCLUDE EEOC	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SCHEDULE OF SUBSIDIARIES AND SUBLIMIT OF LIABILITY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	RELIGIOUS AMENDATORY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	GOVERNMENT ENTITY INVESTIGATION COVERAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	REINSTATEMENT OF LIMIT EXCESS STANDARD	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	REINSTATEMENT AMENDED SEPERATE RETENTION FOR	Withdrawn	No

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CONTRACT CLAIMS

Form (revised)	.	Withdrawn	No
Form	HIGHER EDUCATION ORGANIZATION NOT FOR PROFIT AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	EDUCATIONAL ORGANIZATION NO FOR PROFIT AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	NOT FOR PROFIT HEALTH CARE EDUCATION ORGANIZATION COVERAGE EXTENSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	NOT FOR PROFIT HEALTH CARE ORGANIZATION AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	LABOR UNION ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DELETION OF 3rd PARTY COVERAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	LABOR ORGANIZATION APPRENTICESHIP TRAINING AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CHARER SCHOOL AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DEDUCTIBLE EXTORTION ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	EMPLOYEES REDEFINED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	TERRITORY AMENDATORY	Withdrawn	No

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

ENDORSEMENT

Form (revised)	.	Withdrawn	No
Form	ADD CREDIT DEBIT OR CHARGE CARD FORGERY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ADDITIONAL NAMED INSURED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	AGGREGATE LIMIT OF INSURANCE ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	COINSURANCE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	EXCLUDE SPECIFIED PROPERTY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	EXCLUDED DESIGNATED PERSONS OR CLASSES OF PERSONS AS EMPLOYEES	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	GUESTS PROPERTY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	INCLUDE CHAIRPERSON AND MEMBERS OF SPECIFIED COMMITTEES AS EMPLOYEES	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	INCLUDE SPECIFIED DIRECTORS AND TRUSTEES ON COMMITTEES AS EMPLOYEES	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	JOINT LOSS PAYABLE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	INCLUDE SPECIFIED NON COMPENSATED OFFICERS AS EMPLOYEES	Withdrawn	No
Form (revised)	.	Withdrawn	No

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form	PRIOR THEFT OR DISHONESTY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PROTECTIVE DEVICES	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	REVISION OF DISCOVERY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SUBSEQUENT SUSTAINED LOSS EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	AMEND TERRITORIAL LIMITS	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ATM EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CLIENTS PROPERTY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CRIME ADVANTAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	EXCLUDE LOSS OF CLIENTS PROPERTY	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FUNDS TRANSFER FRAUD	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	INCLUDE VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	DEFINITION OF ADMINISTRATIVE ACTION AMENDED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CLAIM DEFINITION AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FAIR AND ACCURATE CREDIT	Withdrawn	No

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

TRANSACTIONS ACT EXCLUSION
AMENDATORY ENDORSEMENT

Form (revised)	.	Withdrawn	No
Form	COINSURANCE ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CONTINUITY DATE AMENDATORY ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	NOTICE OF PERIOD DEFINITION AMENDED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	POST EVENT SERVICES OF SUBLIMIT OF ISNURANCE ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	ADDITIONAL LISTED PLANS	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	AUTO PLAN THRESHOLD AMENED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	BENEFITS WORDING AMENDED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CASH BALANCE AND PENSION EQUITY PLAN EXLCUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CLAUSE 12 AMENDED WAIVER FOR SPECIFIC TRANSACTIONS	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	CONTINUITY DATE AMENDED	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FAILURE TO EFFECT AND OR MAINTAIN INSURANCE ELXCUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	FAILURE TO EFFECT OR MAINTAIN BOND EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form	FULL GOVERNMENT AND REGULATORY EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	MULTIEMPLOYER EXTENSION ENDORSEMENT	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PENDING AND PRIOR LITIGATION KNOWN WRONGFUL ACTS EXCLUSION FOR EXCESS LIMITS	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PRIOR ACTS EXCLUSION FOR EXCESS COVERAGE	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	PRIOR ACTS EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	REVERSION OF ASSETS EXCLUSION general	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	REVERSION OF ASSESTS EXCLUSION plan termination	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPECIFIC INVESTIGATION CLIAM LITIGATION EVENT OR ACT EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPECIFIC INVESTMENT EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPECIFIC LITIGATION EXCLUSION	Withdrawn	No
Form (revised)	.	Withdrawn	No
Form	SPONSORED ORGANIZATION SECURITIES SEPERATE RETENTION	Withdrawn	No
Form (revised)	STOCK FLUCTUATION EXCLUSION	Withdrawn	No
Form	STOCK FLUCTUATION EXCLUSION	Withdrawn	No
Form (revised)	APPLICATION	Withdrawn	No
	APPLICATION	Withdrawn	No

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form

Form (revised)	VOLUNTARY COMPLIANCE LOSS RENTENTION	Withdrawn	No
Form	VOLUNTARY COMPLIANCE LOSS RENTENTION	Withdrawn	No
Form (revised)	502 C ERISA PENTALTY COVERAGE WITH SUBLIMIT	Withdrawn	No
Form	502 C ERISA PENTALTY COVERAGE WITH SUBLIMIT	Withdrawn	No
Form (revised)	502 I 502 i DELETED	Withdrawn	No
Form	502 I 502 i DELETED	Withdrawn	No
Form (revised)	ACTUARIAL ERRORS AND OMMISSIONS EXCLUSION	Withdrawn	No
Form	ACTUARIAL ERRORS AND OMMISSIONS EXCLUSION	Withdrawn	No
Form (revised)	ADDITIONAL LIMIT FOR DEFENSE COSTS	Withdrawn	No
Form	ADDITIONAL LIMIT FOR DEFENSE COSTS	Withdrawn	No
Form (revised)	ADDITIONAL LISTED PLANS AP	Withdrawn	No
Form	ADDITIONAL LISTED PLANS AP	Withdrawn	No
Form (revised)	CONTINUITY DATES AMENDED	Withdrawn	No
Form	CONTINUITY DATES AMENDED	Withdrawn	No
Form	PurinaCare Pet Health Insurance Plus Preventative Care Benefits Declarations Page	Approved	Yes
Form	PurinaCare Pet Health Insurance Declarations Page	Approved	Yes
Form (revised)	PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy	Approved	Yes
Form	PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy		Yes
Form (revised)	PurinaCare Pet Health Insurance Benefits Policy	Approved	Yes
Form	PurinaCare Pet Health Insurance Benefits Policy		Yes

<i>SERFF Tracking Number:</i>	<i>AGNY-125440526</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-IM-01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0004 Pet Insurance Plans</i>
<i>Product Name:</i>	<i>PurinaCare Pet Health Insurance Services, Inc</i>		
<i>Project Name/Number:</i>	<i>PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01</i>		

Form	AR- cancellation and non renewal	Approved	Yes
Form	AR cancellation and non renewal- benefits	Approved	Yes

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/13/2008

Submitted Date 02/13/2008

Respond By Date

Dear Christine Wynter,

This will acknowledge receipt of the captioned filing.

Objection 1

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Declarations Page (Form)
- PurinaCare Pet Health Insurance Declarations Page (Form)
- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment: PurinaCare Insurance Services is listed as the producer on this form. They do not appear to be licensed in AR. Please explain.

Objection 2

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)

Comment: Please check the formatting beginning with the bullet "A condition..." under the pre-existing condition definition. It appears this should not be bulleted along with the previous three items.

Objection 3

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment: Explain the necessity of repeating the waiting period limitation under the exclusions when it has been stated under the effective date language.

Objection 4

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment: Please revise the Grooming, bathing exclusion by removing the word "provided".

Objection 5

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Comment: The cancellation provision must comply with Arkansas Code Annotated 23-66-206(9)(A).

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/13/2008
Submitted Date	03/13/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Cancellation provision compliance with Arkansas Code Annotated 23-66-206(9)(A) is attached for your review.

Related Objection 1

Applies To:

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment:

The cancellation provision must comply with Arkansas Code Annotated 23-66-206(9)(A).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
AR- cancellation and	97568	3/08	Endorsement/Amendment	New		0	97568

<i>SERFF Tracking Number:</i>	AGNY-125440526	<i>State:</i>	Arkansas
<i>Filing Company:</i>	New Hampshire Insurance Company	<i>State Tracking Number:</i>	EFT \$50
<i>Company Tracking Number:</i>	AIC-08-IM-01		
<i>TOI:</i>	09.0 Inland Marine	<i>Sub-TOI:</i>	09.0004 Pet Insurance Plans
<i>Product Name:</i>	PurinaCare Pet Health Insurance Services, Inc		
<i>Project Name/Number:</i>	PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01		
non renewal		/Conditions	_3.pdf
AR cancellation and	97567	3/08	Endorsement/AmendmentNew
non renewal- benefits		/Conditions	0 97567 _3.pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

No Rate/Rule Schedule items changed.

Response 2

Comments: Revision of "Grooming Exclusion": the policy has been revised as requested by the Arkansas Department of Insurance.

Related Objection 1

Applies To:

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment:

Please revise the Grooming, bathing exclusion by removing the word "provided".

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
PurinaCare Pet Health Insurance Benefits Policy	96975	3-08	Endorsement/Amendment/Conditions	Replaced		0	96975_3.08_Policy excluding preventive care1.pdf

Previous Version

PurinaCare Pet Health Insurance Benefits Policy	96975	(1/08)	Endorsement/Amendment/Conditions	New		0	96975 (01-08).pdf
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No Rate/Rule Schedule items changed.

Response 3

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Comments: Arkansas License inquiry: A Non-Resident Agency license, License No. 330081, was issued to PurinaCare Insurance Services, Inc. by the Arkansas Insurance Department on March 5, 2008

Related Objection 1

Applies To:

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Declarations Page (Form)
- PurinaCare Pet Health Insurance Declarations Page (Form)
- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment:

PurinaCare Insurance Services is listed as the producer on this form. They do not appear to be licensed in AR. Please explain.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments: Formatting of "pre-existing definition": The formatting error has been corrected as requested by the Arkansas Department of Insurance.

Related Objection 1

Applies To:

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)

Comment:

Please check the formatting beginning with the bullet "A condition..." under the pre-existing condition definition. It appears this should not be bulleted along with the previous three items.

Changed Items:

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy	96976	3-08	Endorsement/Amendment/Conditions	Replaced		0	96976_3.08_Policy with preventive care with change1.pdf

Previous Version

PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy	96976	(1/08)	Endorsement/Amendment/Conditions	New		0	96976 (01-08).pdf
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No Rate/Rule Schedule items changed.

Response 5

Comments: The “waiting period limitation” inquiry: By setting forth the waiting period limitation under both the “Effective Date” and “Exclusion” sections of the policy, the waiting period limitation becomes more readily noticed by the insured.

Related Objection 1

Applies To:

- PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy (Form)
- PurinaCare Pet Health Insurance Benefits Policy (Form)

Comment:

Explain the necessity of repeating the waiting period limitation under the exclusions when it has been stated under the effective date language.

Changed Items:

SERFF Tracking Number: *AGNY-125440526* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IM-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0004 Pet Insurance Plans*
Product Name: *PurinaCare Pet Health Insurance Services, Inc*
Project Name/Number: *PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01*

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Lakesha Houser

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/06/2008
Submitted Date 02/06/2008

Respond By Date

Dear Christine Wynter,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: There are 147 forms attached in this filing. None of which appear to be associated with the pet care program. Please withdraw these forms.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/11/2008
Submitted Date 02/11/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: PLEASE NOTE I AM ATTEMPTING TO WITHDRAW THE INVALID ENDORSEMENTS FROM THIS FILING. PER OUR CONVERSATION THIS MAY TAKE SOME TIME. I HAVE WITHDRAWN COME ENDORSEMENTS FROM THIS FILING. THE REMAINING SHOULD BE WITHDRAWN BY TOMMOROW.

Related Objection 1

Comment:

There are 147 forms attached in this filing. None of which appear to be associated with the pet care program. Please withdraw these forms.

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
DECLARATIONS Previous Version	95957	10/07	Declarations/Schedule	New		0	
DECLARATIONS	95957	10/07	Declarations/Schedule	New		0	95957 (10-07) NFPRP SB Edition Declaraions (Admitted) (95957 (10-07)).pdf
GENERAL TERMS AND CONDITIONS Previous Version	95958	10/07	Policy/Coverage Form	New		0	
GENERAL TERMS AND CONDITIONS	95958	10/07	Policy/Coverage Form	New		0	95958 _10-07_ NFPRP SB Edition GT _Admitted __95958 _10-0.pdf
D&O COVERAGE SECTION Previous Version	95959	10/07	Policy/Coverage Form	New		0	
D&O COVERAGE	95959	10/07	Policy/Coverage Form	New		0	95959

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

SECTION							_10-07_ NFPRP SB Edition D&O _Admitted __95959 _10-0.pdf
EPL COVERAGE SECTION Previous Version	95960	10/07	Policy/Coverage Form	New	0		
EPL COVERAGE SECTION	95960	10/07	Policy/Coverage Form	New	0	95960 _10-07_ NFPRP SB Edition EPL _Admitted __95960 _10-0.pdf	
FLI COVERAGE SECTION Previous Version	95961	10/07	Policy/Coverage Form	New	0		
FLI COVERAGE SECTION	95961	10/07	Policy/Coverage Form	New	0	95961 _10-07_ NFPRP SB Edition FLI _Admitted __95961 _10-0.pdf	
CIP COVERAGE SECTION Previous Version	95962	10/07	Policy/Coverage Form	New	0		
CIP COVERAGE SECTION	95962	10/07	Policy/Coverage Form	New	0	95962 _10-07_ NFPRP	

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

						EB Edition CIP _Admitted __95962 _10-0.pdf
KRE COVERAGE SECTION Previous Version	95963	10/07	Policy/Coverage Form	New	0	
KRE COVERAGE SECTION	95963	10/07	Policy/Coverage Form	New	0	95963 _10-07_ NFPRP SB Edition KRE _Admitted __95963 _10-0.pdf
CRIME COVERAGE SECTION Previous Version	95964	10/07	Policy/Coverage Form	New	0	
CRIME COVERAGE SECTION	95964	10/07	Policy/Coverage Form	New	0	95964 _10-07_ NFPRP SB Edition CRIME _Admitted __95964 _10.pdf
ADDITIONAL INSURED ENDORSEMENT CO- DEFENDANT COVERAGE Previous Version	96027	10/07	Endorsement/Amendment /Conditions	New	0	
ADDITIONAL INSURED	96027	10/07	Endorsement/Amendment /Conditions	New	0	96027 GT ADDITION

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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CAPTIVE INSURANCE 96046 10/07 Endorsement/AmendmentNew 0
COMPANY /Conditions

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EXCLUSION

Previous Version

CAPTIVE INSURANCE 96046 10/07 Endorsement/AmendmentNew 0
COMPANY /Conditions

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DISPUTE 96049 10/07 Endorsement/AmendmentNew 0
RESOLUTION /Conditions

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

PROCESS AMENDED
ENDORSEMENT

Previous Version

DISPUTE	96049	10/07	Endorsement/AmendmentNew	0	96049 GT
RESOLUTION			/Conditions		ADR
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BANKRUPTCY	96050	10/07	Endorsement/AmendmentNew	0	
INSOLVENCY AND			/Conditions		
CREDITORS					
EXCLUSION					

Previous Version

BANKRUPTCY	96050	10/07	Endorsement/AmendmentNew	0	96050 GT
INSOLVENCY AND			/Conditions		BANKRU
CREDITORS					PTCY
EXCLUSION					EXCLUSI
					ON.pdf

PRIOR ACTS	96053	10/07	Endorsement/AmendmentNew	0	
EXCLUSION			/Conditions		

Previous Version

PRIOR ACTS	96053	10/07	Endorsement/AmendmentNew	0	96053 GT
EXCLUSION			/Conditions		PRIOR
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SEXUAL	96054	10/07	Endorsement/AmendmentNew	0	
MISCONDUCT AND			/Conditions		
CHILD ABUSE					
EXCLUSION					

Previous Version

SEXUAL	96054	10/07	Endorsement/AmendmentNew	0	96054 GT
MISCONDUCT AND			/Conditions		SEXUAL
CHILD ABUSE					MISCOND
EXCLUSION					UCT

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

					EXCLUSI ON.pdf
SPECIFIC CLAIMS/ LITIGATION EXCLUSION Previous Version	96055	10/07	Endorsement/AmendmentNew /Conditions	0	
SPECIFIC CLAIMS/ LITIGATION EXCLUSION	96055	10/07	Endorsement/AmendmentNew /Conditions	0	96055 GT SPECIFIC CLAIMS LITIGATI ON END.pdf
STRIKES SLOWDOWNS WORKSTOPPAGES AND LOCKOUTS EXLCUSION Previous Version	96057	10/07	Endorsement/AmendmentNew /Conditions	0	
STRIKES SLOWDOWNS WORKSTOPPAGES AND LOCKOUTS EXLCUSION	96057	10/07	Endorsement/AmendmentNew /Conditions	0	96057 GT STRIKES EXCLUSI ON.pdf
FOR PROFIT SUBSIDIARY COVERAGE DELETED Previous Version	96058	10/07	Endorsement/AmendmentNew /Conditions	0	
FOR PROFIT SUBSIDIARY COVERAGE DELETED	96058	10/07	Endorsement/AmendmentNew /Conditions	0	96058 GT FOR- PROFIT SUBS DELETED .pdf
STOCK FLUCTUATION	96203	10/07	Endorsement/AmendmentNew /Conditions	0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

EXCLUSION

Previous Version

STOCK FLUCTUATION EXCLUSION	96203	10/07	Endorsement/AmendmentNew /Conditions	0	96203 FLI STOCK FLUCTUA TION EXCLUSI ON.pdf
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APPLICATION	95955	10/07	Application/Binder/Enroll New ment	0	
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Previous Version

APPLICATION	95955	10/07	Application/Binder/Enroll New ment	0	95955 (10-07) Not-for- Profit Risk Protector SB Edition Applicatio n.pdf
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VOLUNTARY COMPLIANCE LOSS RETENTION	96204	10/07	Endorsement/AmendmentNew /Conditions	0	
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Previous Version

VOLUNTARY COMPLIANCE LOSS RETENTION	96204	10/07	Endorsement/AmendmentNew /Conditions	0	96204 FLI VOLUNTA RY COMPLIA NCE LOSS RETENTI ON END.pdf
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502 C ERISA PENTALTY COVERAGE WITH	96205	10/07	Endorsement/AmendmentNew /Conditions	0	
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SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

SUBLIMIT

Previous Version

502 C ERISA PENTALTY COVERAGE WITH SUBLIMIT	96205	10/07	Endorsement/AmendmentNew /Conditions	0	96205 FLI 502_c_ ERISA PENALTY COVERA GE WITH SUBLIMIT .pdf
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502 I 502 i DELETED	96206	10/07	Endorsement/AmendmentNew /Conditions	0	
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Previous Version

502 I 502 i DELETED	96206	10/07	Endorsement/AmendmentNew /Conditions	0	96206 FLI 502_I_ and 502_i_ DELETED .pdf
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ACTUARIAL ERRORS AND OMMISSIONS EXCLUSION	96207	10/07	Endorsement/AmendmentNew /Conditions	0	
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Previous Version

ACTUARIAL ERRORS AND OMMISSIONS EXCLUSION	96207	10/07	Endorsement/AmendmentNew /Conditions	0	96207 FLI ACTUARI AL ERRORS AND OMISSIO NS EXCLUSI ON.pdf
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ADDITIONAL LIMIT FOR DEFENSE COSTS	96208	10/07	Endorsement/AmendmentNew /Conditions	0	
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SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Previous Version

ADDITIONAL LIMIT FOR DEFENSE COSTS	96208	10/07	Endorsement/AmendmentNew /Conditions	0	96208 FLI ADDITION AL LIMIT FOR DEFENSE COSTS END.pdf
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ADDITIONAL LISTED PLANS AP	96209	10/07	Endorsement/AmendmentNew /Conditions	0	
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Previous Version

ADDITIONAL LISTED PLANS AP	96209	10/07	Endorsement/AmendmentNew /Conditions	0	96209 FLI ADDITION AL LISTED PLAN_S_ AP END.pdf
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CONTINUITY DATES AMENDED	96031	10/07	Endorsement/AmendmentNew /Conditions	0	
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Previous Version

CONTINUITY DATES AMENDED	96031	10/07	Endorsement/AmendmentNew /Conditions	0	96031 DO CONTINU ITY DATES AMENDE D.pdf
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SERFF Tracking Number: *AGNY-125440526* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IM-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0004 Pet Insurance Plans*
Product Name: *PurinaCare Pet Health Insurance Services, Inc*
Project Name/Number: *PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01*

No Rate/Rule Schedule items changed.

Sincerely,
Lakesha Houser

SERFF Tracking Number: *AGNY-125440526* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IM-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0004 Pet Insurance Plans*
Product Name: *PurinaCare Pet Health Insurance Services, Inc*
Project Name/Number: *PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01*

Note To Reviewer

Created By:

Lakesha Houser on 02/13/2008 02:20 PM

Subject:

RESPONSE DATE

Comments:

AS NO RESPONSE DATE WAS REFERENCED WE WILL BE RESPONDING BY 3-13-2008.

THANKS

SERFF Tracking Number: AGNY-125440526 State: Arkansas
 Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-IM-01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: PurinaCare Pet Health Insurance Services, Inc
 Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Amendment Letter

Amendment Date:

Submitted Date: 02/12/2008

Comments:

thank you for your patience. Attached please find the 4 endorsements required for this filing. the previous 147 should have been completely withdrawn.

Thanks

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
PurinaCare Pet Health Insurance Plus Preventative Care Benefits Declarations Page	96977	(1/08)	Endorsement/Amendment/Conditions	New			0	96977 (01-08).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
PurinaCare Pet Health Insurance Declarations Page	96974	(1/08)	Endorsement/Amendment/Conditions	New			0	96974 (01-08).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
PurinaCare Pet Health Insurance Plus Preventative	96976	(1/08)	Endorsement/Amendment/Conditions	New			0	96976 (01-08).pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Care
Benefits
Policy

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
PurinaCare Pet Health Insurance Benefits Policy	96975	(1/08)	Endorsement/Conditions	New			0	96975 (01-08).pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Amendment Letter

Amendment Date:

Submitted Date: 02/12/2008

Comments:

last withdrawn

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96198 FLI REVERSION OF ASSETS EXCLUSION _Plan Termination_.pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Amendment Letter

Amendment Date:

Submitted Date: 02/12/2008

Comments:

all invalid endorsements should be withdrawn.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96038 PUNITIVE DAMAGES SUBLIMIT.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96042 DO SEXUAL MISCONDUCT COVERAGE WITH SUBLIMIT AND SEPARATE R....pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96044 ALTERNATIVE APPLICATION RELIANCE END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96045 SOCIAL SERVICES AMENDATORY END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New				0	96047 DO

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse ment/Am endment /Conditio ns	New			0	96048 INDIVIDUAL LABOR LEADER COVER END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse ment/Am endment /Conditio ns	New			0	96051 DO BROADCAST ING LIABILITY EXCLUSION. pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse ment/Am endment /Conditio ns	New			0	96052 DO GOV'T FUNDING EXCLUSION. pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse ment/Am endment /Conditio ns	New			0	96056 DO SPONSORED SERVICES EXCLUSION. pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

.	.	.	Endorse New ment/Am endment /Conditio ns				0	96060 DO TRADING ACTIVITIES EXCLUSION. pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96061 DO DEFAMATIO N EXCLUSION. pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96063 DO ANTITRUST EXCLUSION. pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96064 DO BONDHOLDE R EXCLUSION. pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96132 DO DEVELOPME NT EXCLUSION. pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am				0	96133 DO FAILURE TO

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96134 DO FAILURE TO MAINTAIN EXCLUSION.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96135 DO FIRST AMENDMENT COVER END.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96136 DO ACCREDITATION EXCLUSION.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96138 DO LIBRARY ACCESS COVERAGE END.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment	New			0	96140 DO PROFESSIONAL EO

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96141 DO PROFESSIONAL EO EXCLUSION.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96142 DO REGULATORY EXCLUSION.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96143 DO DELETE FINES AND PENALTIES _NY ONLY_.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96145 - DO NOT-FOR-PROFIT COUNTRY CLUB AMENDATORY.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

.	.	.	Endorse New ment/Am endment /Conditio ns				0	96035 EPL NON- EMPLOYMEN T DISCRIMINA TION CLAIMS _SUBLIMIT_ .pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
..	.	.	Endorse New ment/Am endment /Conditio ns				0	96041 EPL CLASS ACTION SIR END.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96065 EPL EEOC EXCLUSION. .pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96043 GT DO SCHEDULE OF SUBS AND SUBLIMITS END.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96139 GT DO RELIGIOUS AMENDATOR Y END.pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96219 GT DO GOVERNMENT ENTITY INVESTIGATION COVERAGE END3.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96037 DO EPL REINSTATEMENT OF LIMIT -- EXCESS END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96039 DO EPL RETENTION AMENDED _CONTRACT CLAIMS_ END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96146 DO EPL HIGHER EDUCATION ORGANIZATION NOT-FOR-PROFIT AMENDA....pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96148 DO EPL EDUCATIONAL ORGANIZATION NOT-FOR-PROFIT AMENDATORYpdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96149 DO EPL NOT-FOR-PROFIT HEALTH CARE - EDUCATION END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96150 DO EPL NOT-FOR-PROFIT HEALTH CARE ORGANIZATION END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96062 GT DO AND EPL LABOR UNION END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Name	Number	Date	Type		Form #	Filing #	Score	
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96131 GT DO AND EPL DELETED THIRD PARTY COVER END.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96144 GT DO EPL LABOR ORGANIZATI ON APPRENTICE SHIP TRAINING AMEND....pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96147 GT DO EPL CHARTER SCHOOL.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	95982 KRE DEDUCTIBLE _EXTORTION _ END.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment				0	95983 KRE EMPLOYEE_ S

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

/Conditions REDEFINED
END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	95984 KRE TERRITORY AMENDATORY END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96151 CRIME ADD CREDIT DEBIT OR CHARGE CARD FORGERY END1.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96152 CRIME ADDITIONAL NAMED INSURED END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96153 CRIME AGGREGATE LIMIT OF INSURANCE END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment	New			0	96154 CRIME CO-INSURANCE

SERFF Tracking Number: AGNY-125440526 State: Arkansas
 Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-IM-01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: PurinaCare Pet Health Insurance Services, Inc
 Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

/Conditions END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96155 CRIME EXCLUDE SPECIFIED PROPERTY END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96156 CRIME EXCLUDE DESIGNATED PERSONS OR CLASSES OF PERSONS ASpdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96157 CRIME GUESTS' PROPERTY END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96158 CRIME INCLUDE CHAIRPERSONS AND MEMBERS OF SPECIFIED COMMITTEES....pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96159 CRIME INCLUDE SPECIFIED DIRECTORS OR TRUSTEES ON COMMITTEEpdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96160 CRIME JOINT LOSS PAYABLE END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96161 CRIME INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOY....pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	96162 CRIME PRIOR THEFT OR DISHONEST Y_USE_

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96164 CRIME PROTECTIVE DEVICES END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96165 CRIME REVISION OF DISCOVERY END.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96166 CRIME SUBSEQUEN T SUSTAINED LOSS EXCLUSION. pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	96167 CRIME AMEND TERRITORIA L LIMITS END.pdf

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Amendment Letter

Amendment Date:

Submitted Date: 02/12/2008

Comments:

PLEASE SEE REVISED

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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.	.	.	Endorse New ment/Am				0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Condition	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Condition	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Condition	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Condition	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Condition	New			0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Name	Number	Date	Type	Form #	Filing #	Score		
.	.	.	Endorse New ment/Am endment /Conditio ns			0		
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse ment/Am endment	New			0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number:	AGNY-125440526	State:	Arkansas
Filing Company:	New Hampshire Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-IM-01		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0004 Pet Insurance Plans
Product Name:	PurinaCare Pet Health Insurance Services, Inc		
Project Name/Number:	PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01		

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorsement/Amendment/Conditions	New			0	

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am endment /Conditio ns				0	
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
.	.	.	Endorse New ment/Am				0	

SERFF Tracking Number: AGNY-125440526 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-IM-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: PurinaCare Pet Health Insurance Services, Inc

Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
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SERFF Tracking Number: AGNY-125440526 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PurinaCare Pet Health Insurance Services, Inc
Project Name/Number: PurinaCare Pet Health Insurance Services, Inc/AIC-08-IM-01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/14/2008

Comments:

Attachment:

P&C TRANSMITTAL FORM.pdf

Satisfied -Name: FORMS LISTING AND MIS
FORMS INFO **Review Status:** Approved 03/14/2008

Comments:

Attachments:

Pet Health Form Listing.pdf

Filing Application. final.pdf

fraud warning.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	AMERICAN INTERNATIONAL GROUP INC.,				Group NAIC #	012
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
NEW HAMSHIRE INSURANE COMPANY	PA	23841	02-172170			

5. Company Tracking Number	AIC-08-IM-01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lakesha Houser	Filing Analyst	212-458-5950	212-458-7077	LAKESHA.HOUSER@AIG.COM
175 WATER STREET-17 TH NEW YORK, NY 10038				
7. Signature of authorized filer				
8. Please print name of authorized filer		LAKESHA HOUSER		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0- INLAND MARINE
10. Sub-Type of Insurance (Sub-TOI)	09.004 PET INSURANCE PLANS
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 3-5-2008 Renewal: 3-5-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	2-5-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-IM-01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
<p>New Hampshire Insurance Company submits for your review and approval the PurinaCare Pet Health Insurance Program which introduces pet health insurance. The PurinaCare Pet Health Insurance Benefits policy provides medical and accident coverage. The PurinaCare Pet Health Insurance Plus Preventative Care Benefits policy provides “wellcare” benefits which is coverage for routine annual exams, vaccinations etc., as defined in the policy document, in addition to medical and accident coverage. Please refer to the attached Forms Listing for a description of the forms.</p> <p>We are also including the application questions under the Supporting Documentation section of this filing for informational purposes as there is no hard copy application. These application questions are representative of the questions asked of the applicant via phone or the internet.</p>		
22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]	
<p>Check #: EFT UTILIZED AS PAYMENT Amount: 50.00</p> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>		

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-IM-01
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AIC-08-IM-01

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	PurinaCare Pet Health Insurance Plus Preventative Care Benefits Declarations	• 96977 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	PurinaCare Pet Health Insurance Declarations	• 96974 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy	• 96976 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	PurinaCare Pet Health Insurance Benefits Policy	• 96975 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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Form Listing

Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1 PurinaCare Dec Page Excluding Preventive Care Benefits	96974 (1/08)	Declarations Page	New	N/A	Mandatory	Clarifies	Yes	Declarations page for PurinaCare Health Insurance coverage which includes Preventive Care Benefits
2 PurinaCare Policy Excluding Preventive Care Benefits	96975 (1/08)	Policy	New	N/A	Mandatory	Clarifies	Yes	Policy to provides coverage for pets such as dog and cats however excludes Preventive Care Benefits
3 PurinaCare Policy Including Preventive Care Benefits	96976 (1/08)	Policy	New	N/A	Mandatory	Clarifies	Yes	Policy to provides coverage for pets such as dog and cats and includes coverage for Preventive Care Benefits
4 PurinaCare Dec Page Including Preventive Care Benefits	96977 (1/08)	Declarations Page	New	N/A	Mandatory	Clarifies	Yes	Declarations page for PurinaCare Health Insurance coverage which excludes Preventive Care Benefits

A = Application

D = Declarations

E = Endorsement

P = Policy

O = Other (Please explain)

Yes or No

PurinaCare Application Questions – Call Center and Internet

- **No paper applications to be used**
- **All phone responses to questions are recorded**
- **All Internet responses are saved**

Owner Information:

Name
Address
City
State
Zip
Home phone
Work phone

Pet Information:

<NAME>

Species

Breed

Sex

Age: If over 96 months, a current examination, lab tests, and physical exam form must be submitted before coverage can be determined.

Basic Underwriting Questions for pets less than or equal to 96 months of age

1. Has <NAME> been to a veterinarian in the past 12 months?
A “NO” response to this question for pets over 60 months will require a physical examination, lab tests, and a form to be filled out by the veterinarian before coverage can be issued with or without pre-existing exclusions or declined.
2. Has <NAME> had any of the following symptoms in the past 6 months?
 - a. Coughing and/or sneezing
 - b. Vomiting and/or diarrhea
 - c. Itchy skin / chewing feet / scratching anywhere
 - d. Limping / difficulty rising / crying when moving
 - e. Ear problems of any kind?
 - f. Behavioral changes
 - g. Anything else we should know about*A “YES” response to this question will result in additional underwriting including questions on condition type, duration, frequency, and possibly a request for medical records for review before coverage can be issued with or without pre-existing exclusions, or denied.*
3. Does <NAME> have any medical conditions now or in the past that you are aware of that have or could require treatment from a veterinarian?

A “YES” response to this question will result in additional underwriting including questions on condition type, duration, frequency, and possibly a request for medical records for review before coverage can be issued with or without pre-existing exclusions, or denied.

4. Has <NAME> ever been to a veterinarian for any condition(s) other than routine care? (vaccinations, teeth cleaning, etc.)

A “YES” response to this question will result in additional underwriting including questions on condition type, duration, frequency, and possibly a request for medical records for review before coverage can be issued with or without pre-existing exclusions, or denied.

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5. Is <NAME> on any medication or Prescription Diet Food or has <he/she> ever been on either before?

A “YES” response to this question will result in additional underwriting including questions on condition type, duration, frequency, and possibly a request for medical records for review before coverage can be issued with or without pre-existing exclusions, or denied.

A “NO” response to Underwriting Questions 2-5 above will result in coverage being issued without any exclusions

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF

DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.